

JC20 Rec'd PCT/PTO 06 OCT 2005

**Application Data Sheet****Application Information**

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD Disks::	
Number of Copies of CDs::	
Sequence Submission?::	
Computer Readable Form (CRF)?::	
Number of copies of CRF::	
Title::	TRANSCLERAL OPHTHALMIC ILLUMINATION METHOD AND SYSTEM
Attorney Docket Number::	GIL4A
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	13
Small Entity?::	Yes
Latin Name::	
Variety Denomination Name::	
Petition Included::	No
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No
<b>Applicant Information</b>	
Applicant Authority Type::	Inventor
Primary Citizenship Country::	Israel
Status::	Full Capacity
Given Name::	Tamir

Middle Name::  
Family Name:: GIL  
Name Suffix::  
City of Residence:: Kibbutz Givat Haim Meuchad  
State or Province of Residence::  
Country of Residence:: Israel  
Street of Mailing Address:: Kibbutz Givat Haim Meuchad  
City of Mailing Address:: Kibbutz Givat Haim Meuchad  
State or Province of Mailing Address::  
Country of Mailing Address:: Israel  
Postal or Zip Code of Mailing Address:: 38930  
Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Israel  
Status:: Full Capacity  
Given Name:: Oded  
Middle Name::  
Family Name:: WIGDERSON  
Name Suffix::  
City of Residence:: Haifa  
State or Province of Residence::  
Country of Residence:: Israel  
Street of Mailing Address:: WIngate Street, 18/5  
City of Mailing Address:: Haifa  
State or Province of Mailing Address::  
Country of Mailing Address:: Israel  
Postal or Zip Code of Mailing Address:: 33533  
Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Israel  
Status:: Full Capacity  
Given Name:: Amit  
Middle Name::  
Family Name:: SASSON  
Name Suffix::

City of Residence:: Herzelia  
 State or Province of Residence::  
 Country of Residence:: Israel  
 Street of Mailing Address:: Hanadiv STreet, 57  
 City of Mailing Address:: Herzelia  
 State or Province of Mailing Address::  
 Country of Mailing Address:: Israel  
 Postal or Zip Code of Mailing Address:: 46485  
 Applicant Authority Type:: Inventor  
 Primary Citizenship Country:: Israel  
 Status:: Full Capacity  
 Given Name:: Zvi  
 Middle Name::  
 Family Name:: NIZANI  
 Name Suffix::

City of Residence:: Nofit  
 State or Province of Residence::  
 Country of Residence:: Israel  
 Street of Mailing Address:: Hagalil Street, 114  
 City of Mailing Address:: Nofit  
 State or Province of Mailing Address::  
 Country of Mailing Address:: Israel  
 Postal or Zip Code of Mailing Address:: 36803

**Correspondence Information**

Correspondence Customer Number:: 001444

**Representative Information**

Representative Customer Number:: 001444

**Domestic Priority Information**

Application::	Continuity Type::	Parent	Parent Filing
		Application::	Date::
This Application	National Stage of	PCT/US04/010617	04-08-04
PCT/US04/010617	Appln claiming benefit of 35 USC 119(e)	60/460,821	04-08-03
PCT/US04/010617	Appln claiming benefit of 35 USC 119(e)	60/515,421	10-30-03

**Foreign Priority Information**

Country::                      Application Number::      Filing Date::      Priority Claimed::

**Assignment Information**

Assignee Name::                      MEDIBELL MEDICALL VISION  
TECHNOLOGIES, LTD.

Street of Mailing Address::              M.T.M.

City of Mailing Address::              Haifa

State or Province of Mailing Address::

Country of Mailing Address::              Israel

Postal or Zip Code of Mailing Address::      31905